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## BIB DATA SHEET

CONFIRMATION NO. 8488

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/589,539	08/16/2006	701	3686	32860-001074/US		
<b>RULE</b>						
<b>APPLICANTS</b> Klaus Abraham-Fuchs, Erlangen, GERMANY; Eva Rumpel, Erlangen, GERMANY; Markus Schmidt, Nuremberg, GERMANY; Siegfried Schmeider, Erlangen, GERMANY; Horst Schreiner, Furth, GERMANY; Gudrun Zahlmann, Neumarkt, GERMANY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/50551 02/08/2005						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10 2004 008 188.3 02/18/2004 GERMANY 10 2004 052 468.8 10/28/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/15/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and /EDWARD B WINSTON III/	Examiner's Signature	Initials	GERMANY	1	14	1
<b>ADDRESS</b> HARNESS, DICKEY & PIERCE, P.L.C. P.O.BOX 8910 RESTON, VA 20195 UNITED STATES						
<b>TITLE</b> Method for the selection of a participant in a medical project with selection criteria for patients						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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